



Los Angeles County Charter Special Education Local Plan Area Community Advisory Committee

The mission of the Los Angeles County Charter School SELPA Community Advisory Committee (CAC) is to support improved outcomes for students with disabilities through parent, school and community collaboration. This CAC collaborative will advise the SELPA in the implementation of the local plan and the delivery of special education services. The Community Advisory Committee is a requirement of a Special Education Local Plan Area (SELPA) §56190-56194.

CAC MEMBERSHIP APPLICATION

(All information is confidential)

Please select:	☐ New Member	☐ Renewal Year App	ointed?	_
NAME (LAST NAME, FIRST NAME)	1	**	DATE	
ADDRESS (STREET NUMBER, ST	REET NAME, CITY, STATE, ZIP CODE)			
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS	
SPECIAL NEEDS/ACCOMMODATION	 DNS NEEDED:			
☐ No ☐ Yes	(if yes please explain)			
Please indicate the a	appropriate category for	your application:		
Parent of Studer	nts with Disabilities (Par	ent/legal guardian or consc	ervator of a child with a disability	enrolled in :
	,	0 0	lete the parent application portion	
_	, , , , ,	, , , , , , ,		
Parent of Genera	I Education Students (P	arent/legal guardian of a st	udent enrolled in a LAC Charter S	SELPA LEA)
NAME OF COLLOCA				
NAME OF SCHOOL				
Pupil with Disab	ility (Formally enrolled as	a student in a LAC Charte	r SELPA LEA)	
NAME OF COLLOCA				
NAME OF SCHOOL				
Adam Disa	Hillian / Hillian I are Arreston C	No. 11 N		
Adult with Disab	ility (within Los Angeles C	county)		
Special Education Teacher/Admin selected by a LAC Charter SELPA LEA (Specify school/position/program)				
			(-1)	,
NAME OF SCHOOL		POSITION	PROGRAM	·
General Education Teacher/Admin selected by a LAC Charter SELPA LEA (Specify school/grade)				
NAME OF SCHOOL			GRADE	

Completion of the application does not ensure selection for the CAC. Guidelines for selection and CAC member composition are described in the Governance section of the Local Plan.





ALACOSA selected by ALACOSA (Specify position/location/division)				
POSITION	LOCATION	DIVISIO	N	
Community Agency	/ Representative (Specify na	me of agency/organization/publ	ic or private)	
NAME OF AGENCY		☐ Public Agency	☐ Private Agency	
Individual (Concern	ned with the needs of individua	als with disabilities in a LAC Cha	arter SELPA LEA)	
Please answer the folio	owing questions:			
Why do you want to join	the CAC?		_	
How do you believe you	can contribute to the CAC?			
Do you have any other in	nterests related to CAC?	☐ Yes (Please list below)	□ No	
Please list all Affiliations,	, Councils, Committees, which	you are currently attending or a	are a member of:	

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Commitment Statement:

In accordance with the requirements, the Community Advisory Committee ("CAC" or "Committee") is called to advise the Governance Council about issues related to special education. The Committee fulfills duties in accordance with the California Education Code 56190-56194, LAC Charter SELPA Policies and Procedures and CAC bylaws.

It is the intent of the CAC to strive to maintain a voting membership of "Parents of Students with Disabilities" representatives reflective of the diversity and geographic location in the Los Angeles County Charter Special Education Local Plan Area ("SELPA"). Furthermore, CAC strives to ensure that the committee is comprised of representatives from other groups.

I commit to be an active participant on the Committee. In doing so, I will work to improve outcomes for all students by supporting an educational program based upon student's needs, equal opportunities and free appropriate public education in the least restrictive environment. I will collaboratively follow the California Education Code 56190-56194, LAC Charter SELPA Policies and Procedures and CAC bylaws.

I hereby submit my application for membership to the Community Advisory Committee and verify that this information is correct.

SIGNATURE	DATE SIGNED

Please return to:

Los Angeles County Charter SELPA 9300 Imperial Highway, EC 237 Downey, CA 90242 Phone (562) 803-8338 • Fax (562) 469-4145

Email: LACCharterSELPA@lacoe.edu

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DATE SUBMITTED TO SELPA	DATE SUBMITTED TO THE BOARD OF EDUCATION	DATE APPROVED

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